



## GEORGIA BOARD OF OCCUPATIONAL THERAPY

Post Office Box 13446

Macon, Georgia 31208

(478) 207-2440

[www.sos.state.ga.us/plb/ot](http://www.sos.state.ga.us/plb/ot)

### APPLICATION FOR LICENSURE GENERAL INSTRUCTIONS

Please Read These Instructions and the Law And Rules Carefully Prior To Completing Application. You may not practice in Georgia without a license or limited permit issued by the Board

APPLICANT'S MUST SUBMIT THE FOLLOWING DOCUMENTS:	
APPLICATION FEE	Please refer to fee schedule for appropriate remittance. The respective fee must accompany each application. The application fee is non-refundable and cannot be combined with any other fee. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. §16-9-20.
APPLICATION	Type or print in ink. You must respond to all the questions and requests on the application or it will be returned for you to complete.
REFERENCES	Three (3) references are required. The references must have known you within the past five (5) years and must not be related to you. The person completing the reference form must return the signed, notarized reference form directly to the Board office. Two (2) references must be licensed, certified or registered OCCUPATIONAL THERAPISTS. Occupational Therapist licensed in another country must submit, on a separate sheet, the name, address and telephone number of the agency which regulates or oversees the practice of Occupational Therapy, be it licensure, certification or registration. The third reference is a personal reference.
TRANSCRIPTS	Official documentation of satisfactory completion of OT/OTA curriculum. Your college/school must forward an OFFICIAL TRANSCRIPT DIRECTLY TO THIS OFFICE. The transcript must include degree and date awarded. Duplicate, personal copies of your transcript will not be accepted.
NBCOT CERTIFICATION	If you are certified by NBCOT, you MUST request verification of your certification to be sent to the Georgia State Board of Occupational Therapy.
FOREIGN APPLICANTS	An official transcript, showing date and degree awarded, MUST BE RECEIVED IN THIS OFFICE DIRECTLY FROM YOUR COLLEGE/SCHOOL.
VERIFICATION OF CURRENT LICENSE	Applicants licensed in another state must request each State Board where a current license is held to verify to the Georgia Board the status of the license. Please contact the states where you are currently licensed.

**LIMITED PERMIT:** A limited permit is a letter of authority to work under supervision and it is not the same as a license. An OT or OTA applicant who has received a letter of authority must work under supervision of a licensed occupational therapist. The limited permit is valid for up to 4 months and is non-renewable.

Applicants waiting to take the NBCOT Examination may be issued a limited permit upon receipt of the Application for Licensure, Fee, References, and Official Transcripts. An application should not be mailed to the Board until the applicant has completed fieldwork. If an official transcript is not available, the Board will accept an official letter from the Registrar or Program Director with the school's seal, which verifies satisfactory completion of curriculum. An official transcript showing degree and date awarded should be mailed within 35 days otherwise the letter of authority will be revoked and a license will not be issued.

You must request NBCOT to include your examination scores on the official roster sent to Georgia, otherwise your letter of authority will be revoked and there will be a delay in issuance of a license. Once the board receives passing certification exam scores, a license will be issued if all other requirements have been met. If you fail the certification examination, your letter of authority is automatically revoked and will not be renewed.

Under special circumstances, a letter of authority may be issued or extension granted for any circumstance that may cause delay in receiving official transcript from college or references.

**PHYSICAL AGENT MODALITIES:** Georgia requires a separate certification for use of physical agent modalities by Occupational Therapist and Occupational Therapy Assistants. You may submit an application to the Board after you have been issued a license.

**BOARD REVIEW:** It takes several weeks for licensure applications to be processed. Therefore it is unlikely that an occupational therapy assistant or occupational therapist can start work in Georgia the week after completing fieldwork or submitting the application. It takes approximately 4 - 6 weeks to process final action on an application. Decisions of the board are communicated by letter within 15 business days following the board meeting. The board office staff is not authorized to discuss board decisions over the telephone with the applicant or any third party. Applications are processed between board meetings. If it is determined that all requirements for licensure have been met, a letter of authority or license may be issued between Board meetings, subject to review by the Board at its next meeting.

**EXAMINATION SCHEDULE:** The NBCOT Certification Examination is offered “On-Demand”. For registration and candidate handbook, please visit NBCOT’s website at: [www.nbcot.org](http://www.nbcot.org).

**VETERAN’S PREFERENCE POINTS** are awarded in addition to a final score if applicant qualifies for this addition. An applicant must submit Form DD 214.

**ADA REQUEST:** If you have a disability and may require an accommodation to take the examination and/or meet licensure requirements, be sure to read the “Request for Disability Accommodation” and submit all information required with your application by the filing deadline date.

**POWER OF ATTORNEY:** If you are a person sponsoring an applicant for licensure and want information sent to you rather than the applicant, please request the appropriate Power of Attorney from the Board office.

**ANNUAL PUBLIC MEETING:** Individuals or Groups interested in sponsoring a public meeting are asked to send a written invitation to the Board. Space to hold both the regular meeting and the public meeting must be provided free of charge. Issues of concern may be discussed at the public meeting.

**COMPOSITION:** The Board has five professional members and one public member who are appointed by the Governor. Professional members may be licensed OTRs or COTAs. If you would like to nominate someone for a Board position or serve on the Board, you may send a letter of nomination, a vitae, and a state legislator’s endorsement of your nominee to the Governor’s Office.

**ADDRESS AND NAME CHANGES:** Please notify this office immediately, in writing, of any addresses and/or name change. Address changes may also be made via the website [www.sos.state.ga.us](http://www.sos.state.ga.us) . The post office does not forward mail from the board. All name changes must include a copy of the official document that changes the name. (Social security cards and drivers licenses are not acceptable.)

**FOR BOARD USE ONLY**

Amount Submitted \_\_\_\_\_

Date \_\_\_\_\_

Receipt # \_\_\_\_\_

**FOR BOARD USE ONLY**

Certificate Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Applicant No. \_\_\_\_\_

**GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY**

Post Office Box 13446

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(478)207-2440

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**APPLICATION FOR LICENSURE FOR:  
OCCUPATIONAL THERAPIST or OCCUPATIONAL THERAPY ASSISTANT**

Application Fee: **OT** - \$60.00 (**non-refundable**) \* Application Fee: **OTA** - \$50.00 (**non-refundable**)

Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to

O.C.G.A. § 16-9-20.

**PERSONAL INFORMATION****1. NAME**

LAST

FIRST

MIDDLE

MAIDEN

**2. NAME as shown on documentation or transcripts**

(if different):

LAST

FIRST

MIDDLE

MAIDEN

**3. SOCIAL SECURITY NO.**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**DATE OF BIRTH**

M M

- D D

- Y Y

Y Y

(THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§19-11-1 & 20-3-295, 42 U.S.C.A §§551, 20 & 101)

**4. ADDRESS**

HOME/PHYSICAL ADDRESS (P.O. BOX, NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

If you are granted a license, your name, mailing address and license number are public information. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

**5. ADDRESS**

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)

APT #

CITY

STATE

ZIP

**6. DAYTIME PHONE**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

**OTHER PHONE**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

7. \_\_\_\_ I am a US citizen

8. \_\_\_\_ I am not a US citizen, but I am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States of America. (complete page 11 and submit documentation). Applicant must provide verification of qualified alien status; see page 11 for acceptable documents verifying authorization to lawfully be present in the United States.

9. E-Mail Address: \_\_\_\_\_

## APPLICATION FOR LICENSURE

### Instructions:

1. Please read the general instructions thoroughly before completing this application.
2. If you have ever held a license in the State of Georgia, this is the wrong application, contact the Board office.
3. Fully complete this application. Type or print clearly.
4. Enclose a nonrefundable application fee. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. §16-9-20. See fee schedule
5. Include a recent passport type photograph taken within the last 60 days.
6. Sign and have the application notarized.

### ☒ CHECK TYPE OF APPLICATION <sup>(14)</sup>

- ☐ OCCUPATIONAL THERAPIST - \$60.00 non-refundable fee. <sup>(01)</sup>
- ☐ OCCUPATIONAL THERAPY ASSISTANT - \$50.00 non-refundable fee. <sup>(02)</sup>

## PROFESSIONAL INFORMATION

10. HAVE YOU SUCCESSFULLY PASSED THE NBCOT CERTIFICATION EXAM ☐ YES ☐ NO  
IF NO, INDICATE DATE YOU PLAN TO TAKE THE NBCOT CERTIFICATION EXAM \_\_\_\_\_
11. HAVE YOU EVER BEEN LICENSED AS AN OT/OTA IN GEORGIA OR ANY OTHER STATE, ☐ YES ☐ NO  
TERRITORY OR COUNTRY?  
(If no, continue to question 14. If yes, for every OT/OTA license you have provide the Name of the State, Territory or Country, License Number, Type and status of the license. Verification Forms are required for all current licenses.)
- Place of Initial license \_\_\_\_\_ License # \_\_\_\_\_ OT ☐ or OTA ☐ Current? ☐ Yes ☐ No
- State \_\_\_\_\_ License # \_\_\_\_\_ OT ☐ or OTA ☐ Current? ☐ Yes ☐ No
- State \_\_\_\_\_ License # \_\_\_\_\_ OT ☐ or OTA ☐ Current? ☐ Yes ☐ No
- State \_\_\_\_\_ License # \_\_\_\_\_ OT ☐ or OTA ☐ Current? ☐ Yes ☐ No
12. HAVE YOU REQUESTED EACH STATE IN WHICH YOU HAVE A CURRENT LICENSE TO COMPLETE THE VERIFICATION OF CURRENT LICENSE FORM? ☐ Yes ☐ No
13. WERE YOU LICENSED BY CAREER LADDERING? ☐ Yes ☐ No

### 14. PROFESSIONAL EDUCATION AND SUPERVISED FIELD WORK

#### A. NAME OF COLLEGE/UNIVERSITY: \_\_\_\_\_

Dates Attended \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
Degree(s) Received: \_\_\_\_\_ Major: \_\_\_\_\_

#### NAME OF COLLEGE/UNIVERSITY: \_\_\_\_\_

Dates Attended \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
Degree(s) Received: \_\_\_\_\_ Major: \_\_\_\_\_

#### B. HAVE YOU SATISFACTORILY COMPLETED YOUR SUPERVISED FIELD WORK EXPERIENCE? ☐ Yes ☐ No

### 15. EMPLOYMENT HISTORY (GIVE THREE PLACES OF EMPLOYMENT, INDICATE MOST RECENT FIRST)

A. EMPLOYER NAME: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Job Title & Responsibilities: \_\_\_\_\_

B. EMPLOYER NAME: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Job Title & Responsibilities: \_\_\_\_\_

C. EMPLOYER NAME: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Job Title & Responsibilities: \_\_\_\_\_

**16. NAMES OF THE THREE REFERENCES YOU WILL SUBMIT:**

A. Professional Reference: \_\_\_\_\_

B. Professional Reference: \_\_\_\_\_

C. Personal Reference: \_\_\_\_\_

**BACKGROUND INFORMATION**

**17. HAS ANY OTHER LICENSING BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE EVER:**

- A. ☐ YES ☐ NO DENIED YOUR LICENSE APPLICATION, RENEWAL, OR REINSTATEMENT?  
B. ☐ YES ☐ NO REVOKED, SUSPENDED, RESTRICTED, OR PROBATED YOUR LICENSE?  
C. ☐ YES ☐ NO REPRIMANDED, FINED, DISCIPLINED, REQUESTED OR ACCEPTED SURRENDER OF YOUR LICENSE? If you answered "yes" to any of the above, you must submit a letter of explanation and request that the licensing board, NBCOT or agency send a certified copy of the action taken against your license or certification with relevant supporting documents to the Georgia Board of Occupational Therapy 237 Coliseum Drive, Macon, GA 31217. Your application must be reviewed by the Board and will not be considered complete until the information is received.

18. ☐ YES ☐ NO HAVE YOU EVER BEEN ARRESTED, CONVICTED, SENTENCED, PLED GUILTY, OR NOLO CONTENDERE OR BEEN GIVEN FIRST OFFENDER STATUS FOR ANY FELONY, MISDEMEANOR OR ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? (DWI AND DUI ARE NOT MINOR TRAFFIC VIOLATIONS.) If yes, please provide a complete explanation of each offense and provide certified copies of the final court disposition. (Note: You must respond, "yes" if you pleaded and completed probation as a First Offender.)

19. ☐ YES ☐ NO HAVE YOU FAILED TO RENEW A LICENSE, CERTIFICATION OR REGISTRATION DURING AN INVESTIGATION AGAINST YOU BY A LICENSING BOARD OR OTHER AGENCY?

20. ☐ YES ☐ NO IS THERE ANY DISCIPLINARY ACTION OR INVESTIGATION PENDING AGAINST YOU BY ANY LICENSING BOARD, AGENCY, OR NATIONAL CERTIFYING ORGANIZATION?

21. ☐ YES ☐ NO HAVE YOU FAILED OR BEEN REFUSED AN EXAMINATION BY ANY PROFESSIONAL ORGANIZATION, BOARD OR AOTCB/NBCOT?

22. ☐ YES ☐ NO HAVE YOU EVER HAD ANY PROFESSIONAL LIABILITY SUITS FILED AGAINST YOU?

23. ☐ YES ☐ NO HAVE YOU USED DRUGS OR OTHER INTOXICATING SUBSTANCES TO THE EXTENT THAT THESE AFFECTED YOUR PROFESSIONAL COMPETENCE?

If you answered yes to any of the above questions, you must attach a letter of explanation. You are expected to read each question carefully and completely and to provide updated information for any changes. You will be asked to certify under oath that the answers are true and correct. Failure to answer these questions truthfully and correctly may be grounds for denial of your application or other disciplinary action against you. The Board must review the letter of explanation and any supporting documents and your application will not be considered complete until the information is received.

## AFFIDAVIT

I hereby authorize the Georgia State Board of Occupational Therapy to receive any criminal history record pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia or any other State or Territory. Under penalties of perjury, I declare and affirm that the statements made in the foregoing application are true, complete and correct. I understand that any false or misleading information in, or in connection with my application, may be cause for denial or loss of licensure. I further certify that I am the person photographed as attached.

**AFFIX ORIGINAL  
PASSPORT-SIZED  
PHOTO OF  
APPLICANT**

(taken within the last  
60 days)

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public (Notary Seal)  
My commission expires: \_\_\_\_\_

Note to Notary: Passport photo must be attached

## APPLICATION CHECKLIST

1. Have you completed all questions on the application?
2. Have you requested an official transcript from your OT/OTA program?
3. Have you mailed Verification of License forms to each state OT board in which you hold a current license?
4. Have you requested NBCOT to mail your certification exam scores to the Georgia State Board of Occupational Therapy?
5. Have you enclosed your check?



## GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY

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### REFERENCE – PROFESSIONAL

**APPLICANT:** Please have a certified, licensed or registered Occupational Therapist complete this form. Print your name and indicate the type of license you are seeking.

**NAME:** \_\_\_\_\_ (hereinafter applicant), ☐OT ☐OTA

**Applicant: DO NOT WRITE BELOW THIS LINE**

**PROFESSIONAL REFERENCE:** This form must be returned directly to the board at the above address. Do not give the completed form to the applicant. The form must be mailed in a sealed envelope with your signature on back. If you are an occupational therapist licensed, certified or registered in another country, please include, on a separate sheet, the name, address, and telephone number of the agency that regulates or oversees the practice of occupational therapy. Please Complete The Following Information and sign below:

**Your Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**NBCOT Number:** \_\_\_\_\_ **License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Current?** YES ☐ NO ☐  
(Foreign therapist may submit their practice credential)

**PLEASE COMPLETE ONE OF THE FOLLOWING STATEMENTS:**

#### STATEMENT FOR OCCUPATIONAL THERAPIST APPLICANT:

Under penalty of perjury, I declare and attest that I have direct and actual knowledge of \_\_\_\_\_  
(Print OT Applicant's Name)

(hereinafter, applicant) and that I have known and observed the applicant within the last 5 years and that based on my direct observations, I find the applicant to be honest, have integrity and be of good moral character and that I have observed the OT applicant, to be competent in the areas of planning, directing, implementing and supervising the evaluation of a client and planning and implementing appropriate occupational therapy programs and that the applicant has competency in Occupational Therapy.

#### STATEMENT FOR OCCUPATIONAL THERAPY ASSISTANT APPLICANT:

Under penalty of perjury, I declare and attest that I have direct and actual knowledge of \_\_\_\_\_  
(Print OTA Applicant's Name)

(hereinafter, applicant) and that I have known and observed the applicant within the last 5 years and that based on my direct observations, I find the applicant, to be competent to assist in the evaluation of a client, in the evaluation and implementation of appropriate occupational therapy programs and to seek instruction/supervision from the supervisor when needed.

**I AM UNABLE TO SUBMIT A REFERENCE FOR** \_\_\_\_\_ (Print applicant's Name)

In the State of \_\_\_\_\_, County of \_\_\_\_\_

\_\_\_\_\_  
Reference Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(SEAL)

Signature of Notary

My commission expires: \_\_\_\_\_



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### REFERENCE – PROFESSIONAL

**APPLICANT:** Please have a certified, licensed or registered Occupational Therapist complete this form. Print your name and indicate the type of license you are seeking.

**NAME:** \_\_\_\_\_ (hereinafter applicant), ☐OT ☐OTA

**Applicant: DO NOT WRITE BELOW THIS LINE**

**PROFESSIONAL REFERENCE:** This form must be returned directly to the board at the above address. Do not give the completed form to the applicant. If you are an occupational therapist licensed, certified or registered in another country, please include, on a separate sheet, the name, address, and telephone number of the agency that regulates or oversees the practice of occupational therapy. Please Complete The Following Information and sign below:

**Your Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**License**  
**NBCOT Number:** \_\_\_\_\_ **Number:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Current?** YES ☐ NO ☐  
(Foreign therapist may submit their practice credential)

**PLEASE COMPLETE ONE OF THE FOLLOWING STATEMENTS:**

#### STATEMENT FOR OCCUPATIONAL THERAPIST APPLICANT:

Under penalty of perjury, I declare and attest that I have direct and actual knowledge of \_\_\_\_\_  
(Print OT Applicant's Name)  
(hereinafter, applicant) and that I have known and observed the applicant within the last 5 years and that based on my direct observations, I find the applicant to be honest, have integrity and be of good moral character and that I have observed the OT applicant, to be competent in the areas of planning, directing, implementing and supervising the evaluation of a client and planning and implementing appropriate occupational therapy programs and that the applicant has competency in Occupational Therapy.

#### STATEMENT FOR OCCUPATIONAL THERAPY ASSISTANT APPLICANT:

Under penalty of perjury, I declare and attest that I have direct and actual knowledge of \_\_\_\_\_  
(Print OTA Applicant's Name)  
(hereinafter, applicant) and that I have known and observed the applicant within the last 5 years and that based on my direct observations, I find the applicant, to be competent to assist in the evaluation of a client, in the evaluation and implementation of appropriate occupational therapy programs and to seek instruction/supervision from the supervisor when needed.

**I AM UNABLE TO SUBMIT A REFERENCE FOR** \_\_\_\_\_ **(Print Applicant's Name)**

In the State of \_\_\_\_\_, County of \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(SEAL)

Signature of Notary  
My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Reference Signature

\_\_\_\_\_  
Date





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### REFERENCE – PERSONAL

**APPLICANT:** Please have a NON-RELATED INDIVIDUAL COMPLETE THIS FORM. Individual completing this form does not have to be a licensed/certified Occupational Therapist. Print your name and indicate the type of license you are seeking.

**NAME:** \_\_\_\_\_ (hereinafter applicant), ☐OT ☐OTA

**Applicant: Do Not Write Below This Line**

**PERSONAL REFERENCE:** This form must be returned directly to the board at the above address. Do not give the completed form to the applicant. The form must be mailed in a sealed envelope with your signature on back. Please Complete The Following Information and Sign Below before a Notary:

**Your Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**License**  
**NBCOT Number:** \_\_\_\_\_ **Number:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Current?** YES ☐ NO ☐  
(Foreign therapist may submit their practice credential)

**REFERENCE: PLEASE COMPLETE ONE OF THE FOLLOWING STATEMENTS:**

#### STATEMENT FOR LICENSURE:

Under penalty of perjury, I declare and attest that I have direct and actual knowledge of \_\_\_\_\_  
\_\_\_\_\_ **Print Applicant's Name**  
(hereinafter, applicant) and that I have known and observed the applicant within the last 5 years and that I am not related to the applicant. I believe the applicant to be honest, have integrity and be of good moral character.

**I AM UNABLE TO SUBMIT A REFERENCE FOR** \_\_\_\_\_ **(Print applicant's**  
\_\_\_\_\_  
**Name)**

**In the State of** \_\_\_\_\_, **County of** \_\_\_\_\_  
**Sworn to and subscribed before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_.  
\_\_\_\_\_  
**(SEAL)**  
**Signature of Notary**  
**My commission expires:** \_\_\_\_\_

\_\_\_\_\_  
**Reference Signature**  
\_\_\_\_\_  
**Date**



**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY  
P.O. Box 13446  
Macon, Georgia 31208  
(478) 207-2440**

**CONSENT FORM**

I authorize the **Georgia State Board of Occupational Therapy** to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

\_\_\_\_\_  
Applicant's Full Name (Printed)

\_\_\_\_\_  
Physical Address (P.O. Boxes **NOT** Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

Place of Birth (City/State): \_\_\_\_\_

Aliases or Maiden Name: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)



**The Office of Secretary of State**  
Professional Licensing Boards Division  
Georgia State Board of Occupational Therapy  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
478-207-2440

**DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS**

**Note: Please indicate below which documentation you will submit to show proof you are a qualified alien under the Federal Immigration and Naturalization Act.**

**Alien Lawfully Admitted for Permanent Residence:**

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- \_\_\_\_\_ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

**Asylee:**

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- \_\_\_\_\_ - Grant letter from the asylum office of INS
- \_\_\_\_\_ - Order of an immigration judge granting asylum

**Refugee:**

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- \_\_\_\_\_ - INS Form I-571 (Refugee Travel Document)

**Alien Paroled Into the U.S. for at Least One Year:**

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

**Alien Whose Deportation or Removal Was Withheld:**

- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- \_\_\_\_\_ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

**Alien Granted Conditional Entry:**

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A3"

**Cuban/Haitian Entrant:**

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- \_\_\_\_\_ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- \_\_\_\_\_ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

**Alien Who Has Been Battered or Subjected to Extreme Cruelty:**

- \_\_\_\_\_ - INS petition and appropriate supporting documentation

\_\_\_\_\_  
Applicant's Signature      Date